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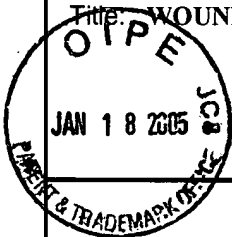
TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.
13999-2

In Re Application Of: **PETROFSKY, Jerrold S.**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/605,132	September 10, 2004	To be assigned	23676	2811	2131

Title: **WOUND HEALING WITH FEEDBACK CONTROL**



Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

37 CFR 1.97(b)

1. ☒ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

37 CFR 1.97(c)

2. ☐ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:
- ☐ the statement specified in 37 CFR 1.97(e);
- OR**
- ☐ the fee set forth in 37 CFR 1.17(p).

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.
13999-2

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10/605,132	September 10, 2004	To be assigned	23676	2811	2131

WOUND HEALING WITH FEEDBACK CONTROL

Payment of Fee

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of _____ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. **19-2090** as described below.
- ☐ Charge the amount of _____
- ☐ Credit any overpayment.
- ☒ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Certificate of Transmission by Facsimile*

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. _____)

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January 12, 2005

(Date)

Signature of Person Mailing Correspondence

Marilyn Paik

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*This certificate may only be used if paying by deposit account.

David A. Farah

Signature

Dated: January 12, 2005

David A. Farah, M.D.

Reg. No. 38,134

SHELDON & MAK PC

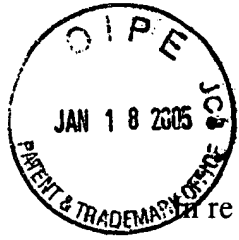
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Pasadena, California 91101, US

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Fax: (626) 795-6321

cc: Loma Linda University



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Application of:

PETROFSKY, Jerrold S.

Serial No.: 10/605,132

Filed: September 10, 2004

For: Wound Healing With Feedback
Control

) Group Art Unit: 2811
)
) Examiner: To be assigned
)
) Confirmation No. 2131
)
)
) Pasadena, California
)

THIRD SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In fulfilling the duty of candor and good faith, the document listed on the attached PTO-1449 form is disclosed to the Office in accordance with 37 C.F.R. 1.56 and the Manual of Patent Examining Procedures Section 707.05 (b). It is not admitted that the information in the listed document is material to patentability as defined by 37 CFR § 1.56(b). The Examiner is asked to consider this document, and to return an initialed and signed copy of the PTO-1449 after doing so.

A copy of the reference cited on the PTO-1449 form is attached.

Insofar as any attached document has markings thereon, no significance is intended by such markings.

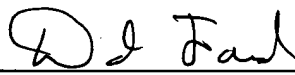
Applicant believes that because this Disclosure Statement is being submitted within three months of the filing date and/or before the first Office Action on the merits, no fee is due. If this is incorrect, please charge any necessary fee for consideration of this Disclosure Statement to Deposit Account No. 19-2090.

It is believed that this Disclosure complies with the requirements of 37 CFR 1.56 and the MPEP. If the some reason the Examiner thinks otherwise, he is asked to call the undersigned so that any deficiencies can be remedied.

Respectfully submitted,

SHELDON & MAK PC

Date: January 12, 2005

By 
David A. Farah, M.D.
Reg. No. 38,134

Direct all Communications to:

Customer No. 23676

David A. Farah, M.D.

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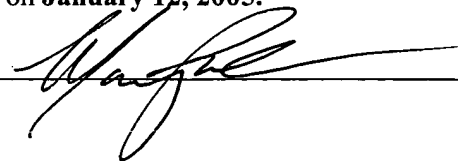
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CERTIFICATE OF MAILING

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Date: January 12, 2005



INFORMATION DISCLOSURE CITATION <i>(Use several sheets if necessary)</i>				Docket Number (Optional) 13999-2		Application Number 10/605,132	
				Applicant(s) PETROFSKY, Jerrold S.			
				Filing Date September 10, 2004		Group Art Unit 2811	

JAN 18 2005
 J. PETROFSKY

U.S. PATENT DOCUMENTS							
EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
	A2						
	A3						
	A4						
	A5						

U.S. PATENT APPLICATION PUBLICATIONS							
*EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
	B1						
	B2						
	B3						
	B4						

FOREIGN PATENT DOCUMENTS								
	REF	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	Translation	
							YES	NO
	C1							
	C2							
	C3							
	C4							
	C5							

OTHER DOCUMENTS <i>(Including Author, Title, Date, Pertinent Pages, Etc.)</i>		
	D1	Mertz PM, Davis S, Arakawa Y, Cohen A, "Pulsed rg EGF treatment increased epithelialation of partial thickness wounds," J. Invest. Derm., 1988; 90:558.
	D2	

EXAMINER	DATE CONSIDERED
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EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP Section 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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	Applicant(s) PETROFSKY, Jerrold S.	
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	A1						
	A2						
	A3						
	A4						
	A5						

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FOREIGN PATENT DOCUMENTS								
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							YES	NO
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